Communicable Disease Branch Coronavirus Disease (COVID-19) Bi-Weekly Key Points

February 8, 2022

The North Carolina Division of Public Health (NC DPH) Communicable Disease Branch will be releasing COVID-19 weekly key points that includes information discussed on the bi-weekly Tuesday Local Health Department call. Recordings of the call will not be made available; please use the information below as a summary of the topics presented on the call. As guidance changes, please use the most recent information provided. For questions, contact the NC DPH Communicable Disease Branch 24/7 Epidemiologist on Call at **919-733-3419**.

Important Updates

Available online at https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/coronavirus.html :

- **New:** NCDHHS LHD Bi-Weekly Webinar 2 8 2022.pdf

Epi Picture

- COVID activity is rapidly decreasing across the state but remains at high levels.

IP Guidance Updates

CDC updated two healthcare guidance documents: Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | CDC and Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes | CDC. These updates apply to LTC residents and staff.

Vaccination status

- Updated the description of healthcare personnel, residents, and visitors as "up to date." Read more here: Stay Up to Date with Your Vaccines | CDC

Testing

- **Newly-admitted residents and residents who have left the facility for >24 hours, regardless of vaccination status, should have a series of two viral tests for SARS-COV-2 infection; immediately and, if negative, again 5-7 days after their admission.**
- Asymptomatic residents with close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. Generally, test immediately (**but not earlier than 24 hours after the exposure**) and, if negative, again 5–7 days after the exposure.
- Testing is not generally necessary for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 90 days; however, if tested, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended as some people may remain NAAT positive after they are no longer infectious.

Quarantine for residents

- Residents who are **not up to date** with all recommended COVID-19 vaccine doses and who have had close contact with someone with SARS-CoV-2 infection should be placed in quarantine after their

exposure, even if viral testing is negative. Staff caring for them should use full PPE (gowns, gloves, eye protection, and N95 or higher-level respirator).
    - Residents can be removed from Transmission-Based Precautions **after day 10 following the exposure (day 0) if they do not develop symptoms**. Although the residual risk of infection is low, healthcare providers could consider testing for SARS-CoV-2 within 48 hours before the time of planned discontinuation of Transmission-Based Precautions.
- Residents can be removed from Transmission-Based **Precautions after day 7 following the exposure (day 0) if a viral test is negative for SARS-CoV-2 and they do not develop symptoms**. The specimen should be collected **and tested within 48 hours before the time** of planned discontinuation of Transmission-Based Precautions.
- Quarantine is not generally needed following close contact with someone with SARS-CoV-2 infection for asymptomatic residents who are **up to date** on all recommended COVID-19 vaccine doses or **who have recovered from infection in the prior 90 days**. Quarantine might be considered if the resident is moderately to severely immunocompromised.

Visitation

- Even if they have met community criteria to discontinue isolation or quarantine, visitors **should not visit** if they have any of the following and have not met the same criteria used to discontinue isolation and quarantine for residents (typically until 10 days after last exposure or onset of symptoms has passed):
    - a positive viral test for SARS-CoV-2,
    - symptoms of COVID-19, or
    - close contact with someone with SARS-CoV-2 infection

Use of N-95 respirators

- Universal use of respirators may also be considered if healthcare-associated SARS-CoV-2 transmission is identified and universal respirator use by staff working in affected areas is not already in place.
- To simplify implementation, facilities in counties with substantial or high transmission may consider implementing universal use of NIOSH-approved N95 or equivalent or higher-level respirators for staff during all resident care encounters or in specific units or areas of the facility at higher risk for SARS-CoV-2 transmission.

COVID Units

- Cohorting of staff and residents is not a new infection prevention strategy. When implemented effectively, it can prevent disease transmission and improve resident care. Cohorting should be applied in the least disruptive a manner as possible.
- While guidance states it is ideal to cohort residents in a dedicated COVID-19 unit, some facilities are facing circumstances where this may not be feasible. When large numbers of residents are actively infected and there are staffing shortages that prevent dedicating staff to a COVID unit, it may be safer to care for residents in their current location in order to minimize movement and room changes.
- The Local Health Departments should assist facilities to assess relevant factors and individual facility capabilities to determine the safest options for the facility residents and staff.
- Factors to consider can include:
    - Availability of staff to dedicate to a COVID unit

- Number of active resident infections
- Number of resident moves that will be required
- Staff availability to move not only the resident but everything in their rooms
- The disruption for the residents
- Availability of environmental (or other staff) to adequately perform terminal cleaning of all rooms involved in the move(s)

Find My Testing Place
Please note that an updated 'Find My Testing Place LHD' Excel file is not available for review this week.

Question & Answer

Q. We have heard that local nursing homes and assisted living facilities have been running out of testing supplies. We also heard that one was told they would have to purchase their own testing kits to use. Any contacts we can share with the homes?
A. We currently are still providing testing supplies and kits to LTCFs. They can submit a request for antigen tests at this link: https://surveymax.dhhs.state.nc.us/TakeSurvey.aspx?SurveyID=84MI8m6M#.
In addition, the federal government is still providing tests and LTCFs should contact their federal POC to request tests.

Q. Will those who are infected with the BA.1 variant have immunity against the BA.2 variant?
A. At this point, the answer appears to be "yes". There is evidence of decreased protection against BA.2 from both vaccination and past infection, but protection from recent infection with BA.1 appears to be strong.

Q. Do Long term care facilities need to continue reporting positive cases to local health departments, since they are also reporting through eCTR, NHSN, etc.?
A. The guidance for reporting lab results is here: https://covid19.ncdhhs.gov/media/454/download . If the facility is reporting results through eCATR or through one of the other options listed, they do not need to report those results separately to public health.

Q. Does the local health department still have to report outbreaks for these facilities?
A. Although reporting of individual results to public health is not required if they are already reporting electronically, many facilities are still required to report communicable disease outbreaks to the local health department based on separate rules and requirements. Local health departments are required to report those outbreaks to the state.

Q. Can you discuss the messaging that the state plans to do around vaccinating 0–4-year-olds given the research on effectiveness is not as strong as for other ages?
A. We don't know that answer yet and have heard that there will be more data made available in the coming days. We have flagged this issue and are tracking it. However, we don't feel that we have all the information, at this time, to take a definitive position.

Q. Do you know what the vaccination dose will be for 6 mo - 4yo?

A. Three micrograms given in a 0.2ml injection. There will be new product shipped to allow this amount to be given.

Q. A question we keep receiving from schools and childcare centers is around the guidance in the toolkit regarding vaccinated children or children who have had COVID in the past 90 days still needing to quarantine after an exposure due to their inability to mask. This is mostly in the childcare/EC classroom settings and private schools working with disabled children. The directors/parents are frustrated that their child has to quarantine even if they just came back from isolation themselves because they cannot mask. Is this possibly something that will be changed in the near future?
A. We are aware of concerns regarding exemption from quarantine for those who are unable to mask. We are working on changes to address this issue in both school and childcare guidance.

Q. Is there any discussion about a change of direction for the congregate living outbreak follow-up since it does require a significant amount of CD nurse time?
A. We are reconsidering many changes as we move into a different phase of the pandemic. We have not considered specific changes to congregate living outbreaks but would be interested to hear any ideas along those lines.

Q. Do you have a recommended resource for training of nurses that will be giving vaccines to children under 5 that do not normally give vaccines to this age? (i.e. a visual and/or written)?
A. The product operational guide has not been approved/authorized by the FDA yet. We don't have much insight on the specifics for this product and won't until FDA action. My recommendation would be to use general vaccination guidance for those under the age of 5.
CDC has a web-based, self-paced e-learning module on vaccine administration and multiple videos that can be accessed through the Vaccine Administration library at https://www.cdc.gov/vaccines/hcp/admin/resource-library.html
For additional information on vaccine administration see: https://www.immunize.org/clinic/ and https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html

Q. Do you know if additional COVID dollars will be allocated to the local health departments in FY 23? Many of us are beginning budgets for next year and any direction/input/guidance is much appreciated.
A. We are working to put together a list of COVID AA's, including information about which will allow for carry forward into the next FY.

Q. Would you please share (again) the guidance about reinfection of COVID-19 cases - do we still only consider a reinfection if positive result >90 days after last infection?
A. There is some guidance as part of the CSTE case definition i the section on criteria to distinguish a new case from an existing case: https://ndc.services.cdc.gov/case-definitions/coronavirus-disease-2019-2021/. CDC guidance has been archived, but not updated here: https://www.cdc.gov/coronavirus/2019-ncov/php/reinfection.html. In practice, clinical judgement is needed. For example, if the previous infection occurred when Delta was the predominant variant, reinfection is more likely than if the previous infection was when Omicron was dominant. Other things to consider: Did the patient have new onset of symptoms and known contact? Are they immunocompromised?

Q. Has NC DHHS had any conversations with NC OSHA about continuing to enforce ALL PARTS of the Federal OSHA ETS for Healthcare that was rescinded by the Federal Gov't on 12/28. Apparently, this includes the requirements for HCFs to conduct inadvertent exposure f/u within 24 hours of exposures. Seems that regulatory agencies across the board (CDC, DHHS, OSHA, DHSR, and CMS) have not been on the same page this entire pandemic.
A. We acknowledge the disparity between federal and NC OSHA re: ETS. We have communicated with NC OSH and advocated on behalf of our partners to align with federal OSHA. Thus far, we have not been successful in our efforts, but we will continue to advocate for alignment.

Q. Are we required to enter home tests?
A. No. However, if you want to enter them for outbreaks or return to school guidance or anything else then you can enter the at home tests.

Q. How can we find out how many counties in NC or how many school districts have opted to use the mask optional guidance for schools?
A. This link is updated every Friday with school mask updates https://www.ncsba.org/category/legislative-updates/